

Avery Homes (Cannock) Limited

Abbey Court Nursing Home - Cannock

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced inspection took place on 6 April 2017.

Abbey Court Nursing Home provides accommodation with personal care and nursing care support. It has three separate units, two downstairs and one upstairs and can support up to 70 adults living with dementia and complex needs. There were 60 people living in the home at the time of our inspection visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind but did not always take the opportunity to interact and socialise with people. Some people were not supported to engage in activities that would interest them. People's dignity was not always upheld as staff discussed their personal support needs in front of others. Mealtime support was not consistent and people on one floor of the home did not have the opportunity to choose the meals they preferred.

People were protected from unnecessary harm because staff recognised what constituted poor care or abuse and understood how to report their concerns. People's risks associated with their care were identified, assessed and managed to keep them safe.

People's medicines were administered, recorded and stored correctly to ensure they received their prescribed treatments safely. There were a sufficient number of suitably recruited staff available to care for people. Staff had access to training and support to improve their knowledge of care and enhance their skills.

Staff understood how to support people who were unable to make decisions for themselves and were they were encouraged to maintain their independence. Relatives were able to visit when they chose and felt welcomed by staff. People enjoyed the activities they were offered. People's care was reviewed regularly to ensure it met their needs. There was a complaints process and when concerns were shared they were investigated and responded to.

People were encouraged to offer their views about the service they received. Staff were kept up to date about changes which might affect them. There was a quality monitoring audit process in place to identify trends and areas where improvements were required. The registered manager understood the requirements of their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected by staff who understood their risks and how to report abuse. People received their medicines safely. There were adequate staff and appropriate recruitment processes in place to ensure they were suitable to work with people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective. Some people were not given the opportunity to choose the food they preferred. There were arrangements in place to support people who were unable to make decisions for themselves. People had access to specialist healthcare support when required.

Is the service caring?

Requires Improvement ●

The service was not consistently caring. Staff were kind to people but did not take the opportunity to converse unless they were providing care. Some staff discussed people's personal needs in front of others. People were supported to maintain their independence and contact with friends and family.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. People had access to some activities but staff did not always socialise with them. People's care was planned and reviewed regularly to ensure it met their needs. Complaints were investigated and responded to.

Is the service well-led?

Good ●

The service was well-led. People were encouraged to share their views on the service. Staff were kept up to date about changes taking place in the home. There was an audit programme in place to monitor the care and drive improvements. The registered manager was fulfilling their regulatory requirements.

Abbey Court Nursing Home - Cannock

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 6 April 2017 and was unannounced. The inspection was completed by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When we were planning the inspection we looked at the information we held about the home, including statutory notifications about important events at the home which the provider is required to send us. We also reviewed information we had received from members of the public and the local authority. On this occasion we had not asked the provider to complete a Provider Information Return (PIR). The PIR is an opportunity for the provider to give us some key information about the service and their plans for the future. We gave the registered manager and the provider the opportunity to tell us out their plans for the service during the inspection.

We spoke with eight people who used the service, four visitors, 11 members of staff, the deputy manager, the registered manager and the regional manager for the provider. We observed care in the communal areas of the home. We did this to get an overview of people's care and support.

We looked at four care plans and information related to the management of the home including staff files to ensure recruitment processes were managed correctly.

Is the service safe?

Our findings

Staff understood the importance of protecting people from abuse and poor care. One member of staff explained, "If I saw something I thought shouldn't happen, I'd report it straight away". Another member of staff told us, "I would tell the nurse or the manager if I was worried about something I'd seen or heard. I can always go higher if I need to". We saw the registered manager made referrals to the local authority safeguarding team and ourselves whenever there were concerns which met the threshold for referral.

People who had risks associated with their care had assessments in place and information to guide staff on their support needs. For example, we saw that when people were unsteady on their feet or required full assistance from staff to move them, their individual needs were managed by staff in accordance with their care plan. We saw when staff used equipment to move people this was completed in a safe manner. The equipment was maintained by the provider and we saw there were regular servicing arrangements in place.

Some people, because of their deteriorating health presented with behaviours that challenged their safety and that of others. We saw that staff used distraction techniques to prevent incidents developing. For example, we saw one person was becoming verbally challenging to others and a member of staff invited the person to go for a walk with them to put some distance between them and others. This demonstrated that staff understood how to support people when they were unsettled.

Staffing levels were planned to meet people's needs. A member of staff told us, "We're never really short, we don't struggle". The provider told us, "Our staffing isn't based on the number of people. We've had some empty rooms but have not reduced the number of staff. We have a good rapport with our home next door and they will help us out with staffing if necessary". There were recruitment processes in place to check staff suitability to work with people living in the home. Staff told us about their recruitment experience and confirmed they were asked to provide information about themselves before they were offered a role. We looked at the recruitment information for three staff and saw that all checks were completed before staff were able to begin working in the home.

People's medicines were managed to ensure they received them correctly. We saw people were supported to take their medicines and staff ensured they had finished taking them before leaving them. Some people were receiving their medicines covertly; this means the medicine was concealed, usually in food or drink. It can be necessary to provide medicines in this way if the person consistently refuses their medicines without understanding the effect this will have on their health and wellbeing. We saw that the necessary risk assessments and permissions were in place to ensure the use of covert medicines was safely managed. We saw that medicines were stored, recorded and disposed of appropriately. This showed the provider had checks in place to manage people's medicines effectively and safely.

There were arrangements in place to deal with any emergencies. Each person had a personal emergency evacuation plan in place which described their mobility and identified the support they would need to vacate the building if, for example there was a fire. We saw that there were checks in place to ensure any emergency equipment such as fire doors, extinguishers and alarms were in working order.

Is the service effective?

Our findings

People's mealtime experience was different on each floor of the home. On the ground floor people were not supported to choose the food they enjoyed. We saw a member of staff completing menu choices without consulting people about their preferences. One person we spoke with told us, "I ask for plain food, they told me at the hospital I should have plain food. I told the chef at the time I like meat and two veg sort of meals. Other meals come and I don't eat them, they asked me if I wanted chicken one day and it came with sauce and fancy stuff, I didn't eat it, they told me just to leave it, they didn't offer me any alternative. My dinner was cold yesterday, I ate the mash but that was it, I thought there was going to be a pudding but I never got it so I only had the mash, I did ask a carer later if there was a pudding, she said there was and didn't know why I hadn't had one". We saw at lunchtime that whilst there were jugs of both orange and blackcurrant squash people were offered 'juice' without staff providing them with a choice of flavours.

On the first floor of the home where some people were living with dementia, we saw there were different arrangements in place. People were shown small plates of the hot meal choices to look at and pick which they would prefer to eat. A member of staff told us, "We do show plates to let people see otherwise they might not understand the choice they have". This demonstrated that providing meal choice support was not consistent.

Staff were supported to expand their knowledge and skills to support people effectively. One person told us, "I am confident they are knowledgeable and well trained to be able to care for my needs". Staff told us they had access to a programme of training. One member of staff said, "The training I've had here has been brilliant". New staff were provided with an induction period to give them time to learn about the home and the people living there. One member of staff told us, "When I first started I did some training first and then I shadowed the staff for some shifts. I thought that was pretty good". Another member of staff explained, "All of the senior staff work with new staff, show them the ropes and what to do. This helps because some new staff lack confidence". Staff had opportunities to discuss their performance and development. Staff told us they had regular supervision sessions and an annual appraisal. One member of staff said, "As well as training needs we can discuss what we think needs to improve". Another member of staff said, "I had a review when I finished my probationary period and now I've got a supervision booked".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that the provider had recognised their responsibility to comply with the Act. There were capacity assessments in place for people who needed them. When decisions were made for people the rationale was recorded to evidence this was in their best interest. Staff understood how to support people and recognised that people's capacity could fluctuate from one day to another. One member of staff explained, "[Name of person] can understand one day but not the other". This demonstrated that staff understood the challenges some people faced on a day by day basis.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people living in the home had restriction placed upon them to protect their safety. For example some people would not be safe to leave the home with the company of staff. We saw that the provider had made applications on behalf of people who were being restricted to ensure they were working within the principles of the Act.

People were supported to maintain their health and wellbeing. One person told us, "I see the GP if I need to, the nurses will ask him to come if I need to be seen. I go in my wheelchair and have my hair done on a Tuesday and the chiropodist comes and clips my nails every three months or so". We saw evidence in the care plans we read that the advice of other healthcare professionals was sought whenever specialist advice was required.

Is the service caring?

Our findings

People's views on their care and support were not consistent throughout the home. Some people who chose to stay in their bedroom told us they felt isolated. One person told us, "The carers don't come and visit me through the day, they're not very sociable, they just bring my meals or do what they need to do and then just leave, they don't pop in and ask if I am okay, they used to when I was in another room up the other part of the building near the lounge but I think it's too far away for them to come sometimes".

We observed some kind communication between staff and people who used the service. People looked comfortable and relaxed in the company of staff however we observed that some people were not always treated with consideration and understanding. For example we saw that some staff did not interact with people or show interest in what they were saying unless they were providing care. We heard one person asking a member of staff what they and a colleague were speaking and laughing about. Rather than answer the question and involving the person in the conversation the member of staff told them 'we were just discussing the weather' which was not accurate. This demonstrated that some staff did not recognise the importance of interacting and involving people.

People were not always supported to maintain their dignity. We heard staff speaking loudly to people and in front of others about their personal needs which did not reflect a dignified approach. However, staff recognised people's right to privacy and we saw they knocked on bedroom doors before entering their personal space. One person told us, "I do have a call button that I use when I need to use the bathroom; the carers usually come within about five minutes or so. They take me and they pull the door to so I can have some privacy, they stay nearby and I just tell them when I am ready". Staff supported people to retain and maintain their independence. People told us staff helped them when they needed it but respected their right to be independent. One person told us, "I do try and do things for myself like washing and shaving, combing my hair; they encourage me to do so. The carers are polite and patient with me".

People were supported to stay in touch with their family and friends. Relatives were able to visit whenever they wished. One person told us, "My family all come and visit me regularly and I have a phone in my room so I can keep in touch". Another person said, "It's nice that my family come to visit". A relative told us, "The staff are always friendly, you can have a laugh and a joke with them and it make the visit pleasant, they all seem to care a lot about our relative".

Is the service responsive?

Our findings

There were arrangements in place for people to pass their time but the level of support they received was inconsistent throughout the home. People on the ground floor did not receive any individual support to pass their time and we saw that people were either sleeping or were disengaged from the environment and the people they were sitting with. One person told us, "I spend a lot of time in my room. I've stopped going to the lounge, they all sit up there half asleep". This meant that some people were not provided with the opportunity to socialise and pass their time as they would like to. People told us that a minibus had been purchased by the provider. One person told us, "I am able to go out and round the garden, which I will do when it's warmer. I have been out to Liverpool, to the arboretum, to the aerospace museum, it's great to have the minibus, and it's been a godsend". We saw people taking part in a sing-along organised by staff from the adjoining home. Other people on the first floor were supported to play dominoes and complete a jigsaw. People we spoke with told us they were supported to maintain their faith. One person told us, "I still go to church, every Wednesday, friends from the church come and collect me and they bring me back later. I go on Sundays most weeks too".

People told us the staff knew them and understood their needs. One person said, "The girls are ever so nice to me and know what I like", and another person told us, "They seem to know me quite well already and I have only been here for a few months". Staff told us they asked people about their likes, dislikes and preferences for care. If people were unable to provide this information for themselves their families were asked. One relative told us, "They do keep asking me what [name of person] likes to eat and things they used to like and dislike". The care plans we looked at had some background information about people however the registered manager told us they intended to expand on this. The registered manager said, "We're looking to make the care plans more 'person centred' and we will have two members of staff working supernumerary to complete this". We saw that people's care plans had been reviewed regularly to ensure they accurately reflected the care people received.

Staff told us they received updates about people and any changes to their care support at the beginning of their shift. We saw that when temporary staff were working in the home there were arrangements in place to update them and provide orientation information about the home. Staff were asked to sign to confirm they had read the information which included emergency arrangements, for example fire procedures. This demonstrated that there were arrangements in place to inform permanent and temporary staff to ensure safe and responsive care.

There was a complaints process in place. We saw that when complaints or concerns were raised an investigation was completed before a response was provided. A relative told us, "Our main concern is the laundry and I have spoken with the [registered] manager about it". The registered manager told us they recognised there had been a problem with the distribution of laundry and said, "We have had a problem with un-named clothing and we're going to invite relatives in to look and claim clothing". This demonstrated the provider listened to concerns and took appropriate action.

Is the service well-led?

Our findings

There were arrangements in place to listen to the views of people who used the service. We saw that there were meetings provided for people and their relatives to discuss their views, update them about changes in the home and plans for the future. We read the minutes of the last meeting and saw that information about the refurbishment of the home and suggestions for trips out were discussed. A recent satisfaction survey provided positive feedback on the cleanliness of the home, the food and confirmation that people felt privacy was respected.

Staff told us they were kept up to date with changes in the home. There was a meeting schedule in place for all of the departments within the home environment including the housekeeping and kitchen teams. A member of the care staff told us, "We have meetings. We're updated about staff changes, new training and ideas for activities". Staff told us they felt well supported by the registered and deputy manager. One member of staff told us, "The [registered] manager's door is always open. She's always there if needed". There was a whistle blowing policy in place for staff to report concerns regarding the management practices at the home, which they could do anonymously if they preferred. A member of staff told us, "If I thought there was something going on here which I knew was wrong I'd let them know. I haven't used the whistle blowing but I would if necessary". This demonstrated the provider promoted an open culture.

There was an audit programme in place to monitor the quality of the service and drive improvements in care and safety. For example, we saw that audits were completed regularly on the health and safety aspects of the home, staff training uptake and the administration of medicines. We saw that trends, for example, if falls happened regularly at certain times of the day, were identified and actions taken if a pattern was demonstrated. The requirements of registration with us were met. The registered manager understood their responsibilities and provided information to us about significant events in the home as required. We saw that the rating poster and report from our last inspection were displayed prominently to ensure visitors to the home had access to the information.